

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091679 538

FILING DATE
10-06-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	2	2				
2	1					
3	2	2				
4	1					
5	1					
6	1					
7	2	2				
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	18					
TOTAL CLAIMS	19					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						